USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS							
THE CLEVELAND MUSEUM OF ART				Born in Cleveland YES NO			
FORTY-NINTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WES			ERVE	Entered Previous May Shows? YES NO			
Collaborator if any NONE			Artist LOWELL ELLSWORTH SMITH				
Address 15T ELN/ S	T. HUOSY	BN 4423		WALALI T	Tel. DL 3	5040	
NO. STREET	CITY	ZIP	CODE	COUNTY			
Out-of-town residents should state whether return shipment is required. The Se Delivered By							
Please bring Registration Fee of \$2.00 (Cash or Check) with your entries.  AKRON ART INSTITUTE							
CLASS / MEDIUM WHTER COLORS	CL ASS	MEDIUM WATER	e loiote	CL ASS	MEDIUM WATE	RIDIOR	
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Artist LOWELL ELLS 10012714 SMITH	Artist LOWELL &				ELLSWORTH		
FIRST NAME LAST NAME LAST NAME LAST NAME LAST NAME						NAME	
1961 ACCEPTED REJECTED	1968	ACCEPTE	REJECTED	243	ACCEPTED	REJECTED	
DO NOT WRITE IN THIS SECTION	DO NOT WRITE IN THIS SECTION DO NOT WRITE IN THIS SECTION				DO NOT WRITE IN THIS SECTION		
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This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1967.

It is also understood that accepted entries will remain on exhibition until June 18 1967.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE

## SUBMIT ENTRIES WITH ENTRY BLANK AND FEE, MARCH 11 THROUGH MARCH 18, 1967.

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of N C R paper which does not require carbon.

REJECTED: May 6 - May 20

ACCEPTED: June 23 - July 8